

movement characteristic of the normal waking state. In no way can a comparison be drawn with the epileptic phenomena which, as Dr. Wilson puts it, "is one big useless movement," followed at length by a succession of such rigid states, a clonic stage, a series of so-called movements which do nothing but "mark time."

Lastly, Dr. Wilson criticizes and finally relegates to inadequacy the most probable and acceptable theory to date, namely, that the fit is dependent upon, and caused by sudden changes in the vascular supply of the cortex. Such evidence as the resemblance of the fit to that following heart-block—Adams-Stokes' disease; the similarity between the epileptiform seizure and uræmic convulsions, and, finally, the direct observation of cortical blanching during a convulsion, as described by several surgeons, has been pertinent in the establishment of the vascular theory. Dr. Wilson questions its causative significance

and regards the blanching of the cortex as an accompaniment only of the epileptic discharge. Even if it were accepted as causal, one must recede a step farther to the cause of the vascular deficiency, cerebral anæmia, which only carries the pathology of epilepsy one stage further. His conclusion, in this regard, is, that the gulf between the vascular and neural is surpassed only by that between the physical and the psychical.

When we have succeeded in regarding the epileptic seizure as symptomatic of a widely varying pathology, and have come to speak of "The epilepsies" rather than of "epilepsy", with its inference of one pathological identity, we will have opened up a new hope for both patient and physician. Furthermore, when our investigators lead us towards the organic and away from the fantastic psychological viewpoint, we will at least follow the road to a better understanding of its pathogenesis, the only basis upon which rational treatment can be built up.

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## CRIME AND ITS ABATEMENT

A VERY sane and refreshing editorial has appeared in *Minnesota Medicine*, September, 1925, under the title of "A novel crime cure." It is a comment upon the conclusions arrived at by the special committee appointed by the American Psychiatric Association to report on the psychiatric aspect of crime. These eminent psychiatrists would take the criminal out of the legal control of the Court, would dispense with such terms as "insanity," "responsibility," "justice" and "punishment," and institute in their place a psychiatric study of the offender. It is difficult, indeed, to visualize the mental angle from which these gentlemen would approach offenders. To quote from our *confrère*: "The report is unique and revolutionary. It deals with crime from a novel, startling, and wholly theoretical point of view. It throws into the discard all our preconceived ideas about crime. . . . It defines responsibility

as an 'ability to change one's conduct in response to the direction of certain painful impressions'; it ignores the usual test of a knowledge of right and wrong; in other words, in the report crime is measured not by the facts of the offense but by the mental capacity of the offender. They make of him an automatic reflex who is not responsible for his actions and, therefore, should not be punished."

The creed of the committee is that crime is an adaptation failure, and, therefore, is a psychiatric problem; that it can be studied and controlled, and that such study can discover crime potentialities in people and that psychiatrists should have authority in their recommendations as to the disposition and treatment of the prisoner. Permanent legal detention should be inflicted upon the incurably inadequate, incompetent, and antisocial, irrespective of the par-

ticular offense committed. This creed is certainly revolutionary.

At the present time when psychiatry would appear to be gaining some measure of recognition—which, by the way, has long been due—it seems a pity that the pendulum of just recognition should be allowed to swing into the sphere of dangerous experiment. While it is admitted that the committing of crime may be, and frequently is, the result of a failure of normal adaptation, and as such presents some aspects which come within the purview of psychiatry, it would be deplorable if these aspects were permitted to play the rôle attributed to them in this report.

From the practical viewpoint one needs only to compare the relative incidence of crime in communities or countries where the machinery of the law follows its implacable course with those countries where the legal procedure is hampered and checked with psychiatric half truths and cheap sentimentality. Such a comparison will bring conviction to every one

that the practical check to all crime is to be found in the recognition and proper utilization of the primary emotion of fear. In the year 1923 a comparison of the figures of crime incidence in Chicago and in London as reported by the respective Crime Commissions of these cities shows a ratio of twenty-five to one according to the population. London is known in legal circles as a city where law is respected and punishment promptly follows crime. Chicago is recognized as a city which during the past few years has staged such legal spectacles as the Loeb-Leopold and the Russell Scott trials, in which the part played by contributing psychiatrists bordered closely upon the ridiculous.

Let us trust that until such time as greater wisdom may be conferred upon our psychiatric advisers the state will prevail and will continue to use to the advantage of society the keenest weapon yet known for the control of crime—the awakening and cultivation of the emotion of fear.

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## MECHANISM OF PANCREATIC SECRETION

AN address on this subject, by Professor John Mellanby, appears in the *Lancet* of July 31st. It has been generally considered, of late years, that prosecretin exists in the mucous membrane of the duodenum, that hydrochloric acid from the stomach converts prosecretin into secretin, and that secretin finds its way through the blood to the pancreas and excites it to activity. Mellanby's experiments lead him to believe that hydrochloric acid has no specific capacity for converting prosecretin into secretin, and that secretin exists in a preformed condition in the duodenal mucous membrane. He believes, further, that cholic acid, the active substance of the bile, carries secretin into the blood and thence to the pancreas. Apparently the metabolism of the pancreatic enzymes is under vagus control, while the quantity of fluid and the bicarbonate

content of the fluid are determined by secretin.

The sequence of events which leads to the secretion of the pancreatic juice is given as follows: During alimentary rest, bile is being continually secreted and stored in the gall bladder. Shortly after eating, peristaltic waves pass down the intestine from the pylorus, relaxing the muscle surrounding the common bile duct at its entrance into the duodenum, and forcing bile into the duodenum. Mixture of stomach contents with the bile gives it an adequate reaction to ensure the absorption of bile salts through the intestinal mucosa. In passing through the cells the bile salts adsorb the preformed secretin contained in them and pass into the portal blood. The secretin causes the pancreas to secrete, while the liberated bile salts pass to the liver and stimulate further secretion of bile. Secretin in the portal blood causes contraction of the